

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY
DEPUTY I. GARDINER OF ST. HELIER
QUESTION SUBMITTED ON MONDAY 15TH NOVEMBER 2021
ANSWER TO BE TABLED ON MONDAY 22ND NOVEMBER 2021**

Question

Will the Minister provide details of –

- (a) the total spending on the Jersey Care Model from 3rd November 2020, when the Care Model was approved, through to 1st November 2021;
- (b) any outstanding liabilities anticipated as remaining by 31st December 2021;
- (c) the precise breakdown in spending by each head of expenditure;
- (d) the distinction between Government of Jersey costs (including specific costs such as staffing) and external stakeholders;
- (e) all contracts and payments above £100,000 in total during this period, including a description of the purpose of the engagement, the final total cost of the engagement (showing any difference between the Outline Business Case and the actual expenditure) and the final expected date of the engagement (including any over-runs or additions to the original contract); and
- (f) the initial expected outcomes for the Jersey Care Model development and how they differ, if at all, from the actual outcomes in 2021; how has this been measured and tracked and what, if anything, will be done differently as a result?

Answer

- (a) There was no spend on the Jersey Care Model in 2020 as funding was only agreed as part of the Government Plan 2021-24 which started on 1st January 2021. The total spend on the Jersey Care Model from 1st January 2021 to the 31st October is £3.89m.
- (b) An additional £700,000 of spend is expected from November to the 31st December 2021. A total spend for the year of £4.6m is forecast.
- (c) All expenditure is contained within the Head of Expenditure – JCM for the Department for Health and Community Services

Table 1:

Head of Expenditure	Total Spend £000
Health and Community Services – Jersey Care Model	3,890

- (d) Table 2 shows the costs for external stakeholders.

Table 2:

External Partner	Description of engagement	Contract start	Contract end	Total cost 2021 £000
Family Nursing and Home Care	Night Nursing Service to support JDOC & Ambulance reducing unnecessary overnight admissions	April	December	244
Jersey Doctors On Call	Night Service for GP's reducing unnecessary overnight admissions	January	December	300
Hospice	To develop a community partnership to meet the growing need for end of life care	January	December	300

(e) Contracts and payments over £100,000 for 2021

Table 3:

External Partner	Description of engagement	Contract start	Contract end	Total cost 2021 £000
Family Nursing and Home Care	Night Nursing Service to support JDOC & Ambulance reducing unnecessary overnight admissions	April	December	244
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Hospice	To develop a community partnership to meet the growing need for end of life care	January	December	300

The Outline Business Case did not specify specific contracts or services to be delivered by external partners nor did it specify a financial value for external partners. The OBC outlined the key principles and objectives, for example the establishment of intermediate care services and community services that would support Islanders at home and avoid hospital admissions. The above contracts are in accordance with these principles and objectives.

(f) The initial expected outcomes for the Jersey Care Model

Tranche 1 of the programme is focussed on establishing the programme and setting the foundations for design and delivery of tranche 2 items. The table below states the delivery items from the business case.

Business Case Tranche 1:

Tranche 1 (2021)
<ul style="list-style-type: none"> • Detailed planning – assessment and modelling of need including supporting policy review • Foundations – establish the supports for the workforce to be successful (e.g. public health function, digital) • Acute – driving efficiencies as a part of GoJ requirements, best practice and Our Hospital build • Community/Intermediate Care – focus improving health & social care pathways through an enhanced single point of access and use of Tele-care • Workforce – creation of an island wide workforce plan to support implementation of system wide changes in tranche 2 and beyond • Communications – establishment of public, patient and wider stakeholder groups to inform design and delivery

The list below provides the items that have been achieved or will be completed in 2021 in line with the objectives set out in the OBC.

The tranche 1 deliverables have been achieved and further detail of each can be found below.

Foundations created in 2021 to enable service re-design from 2022:

Strategies

- communication strategy
- co-designed commissioning strategy
- co-designed workforce strategy
- co-designed oral health strategy (to be finalised in Q2 2022)

- Acute Services Strategy Review
- Nutrition and Dietetics service strategy including Bariatric pathways and services
- Intermediate care strategy

Pathways Design

- co-designed end of life pathways and new partnership forum
- health and care pathway design specification for procurement
- Hospital discharge support specification completed
- working with general practice to design better primary/community services

Programme Set up

- Programme team
- Co-designed governance structure
- Governance group/board recruitment

Public Health

- Increased capacity in Public Health
- Public Health inclusion in JCM Governance

Service changes or new services delivered in 2021

Overnight Community Care

- Enhancements to overnight care in the community with JDOC and nursing cover

Intermediate Care

- Telecare
- my mHealth (digital project), digital support for managing long-term conditions
- HCS24, a clinically led, multidisciplinary referral hub to coordinate and improve patient flow between hospital and community
- Occupational Therapy, continued development of the reablement and support services
- Physiotherapy for in and out of hospital services
- Intermediate Mental Health Care: enhanced Home Treatment service for out of hospital services

As part of Tranche 1, specific operational metrics to track the impact of service delivery changes have been identified and will be tracked throughout the programme. In addition, each new service or service changes will need to include specific operational metrics to enable the monitoring and tracking of short-, medium- and long-term performance.